

MULTIPLE DEPEN
CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FG PTO-875)

CLAIM

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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10	0					
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TOTAL IND.	4	↓	4	↓	6	↓
TOTAL DEP.	↓	↔	↓	↔	↓	↔
TOTAL CLAIMS	4	↓	4	↓	6	↓

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	4	↓	4	↓	6	↓
TOTAL DEP.	↓	↔	↓	↔	↓	↔
TOTAL CLAIMS	4	↓	4	↓	6	↓

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